THE CANCER LETTER

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Congress Nearing Final Action On Appropriations, But Potential GRH Cuts Leaves Outlook Unclear

With Senate action on the Labor-HHS-Education appropriations bill imminent, it appeared this week that Congress could wrap up 1987 spending authority for NCI before the new fiscal year starts Oct. 1, or at least before the adjourn-

(Continued to page 2)

In Brief

Sundwall Leaves Hatch To Head HRSA; Terry Joins Damon Biotech; Irlin On Hunger Strike

DAVID SUNDWALL, health staff director for Sen. Orrin Hatch's Committee on Labor & Human Resources, has been appointed administrator of the Health Resources & Services Administration. An MD from Utah, Sundwall became one of the best friends the cancer program has ever had on Capitol Hill. "His openness, accessibility, and absolute honesty and integrity made him one of the finest staff persons I have known in Congress," said John Grupenhoff, whose firm represents a number of cancer related organizations. **DOUGLAS CAMPBELL**, a committee staff member for several years, was named by Hatch to succeed Sundwall. . . . **WILLIAM TERRY**, former head of NCI's immunology program and former director of the Div. of Cancer Prevention & Control, has moved to Damon Biotech where he is senior vice president and general manager. He will direct the firm's R&D programs and production functions of its cell culture facility. Terry has been president of Meloy Laboratories. . . . **DAVID BALTIMORE**, director of Whitehead Institute in Biomedical Research, will receive the Ernst W. Bertner Memorial Award for contributions to cancer research at the 39th annual Symposium on Cancer Research next week in Houston. . . . **JOSEPH IRLIN**, Soviet oncologist, virologist and dissident, has been on a hunger strike for nearly one month to protest refusal of his government to allow him to emigrate to Israel. Irlin, 52, first applied for emigration in 1979 but was turned down. Immediately after, he was dismissed from his position as a senior scientist at the All-Union Cancer Research Center and was dismissed from scientific councils. . . . **RADIOLOGY'S HIGHEST** honor, the gold medal of the American College of Radiology, will be awarded to Godfrey Hounsfield, Middlesex, England; Elias Theros, Winston-Salem, NC; Simon Kramer, Philadelphia; and James Christie, Albuquerque, at the College's annual meeting in Baltimore Sept. 14-18.

Potentially Bright Picture Clouded By Prospect of Severe GRH Reduction

(Continued from page 1)

ment scheduled for Oct. 15. But although both houses awarded hefty increases (about $170 million) over NCI's 1986 budget, that potentially bright picture has been darkened by the possibility that Gramm-Rudman-Hollings imposed cuts could wreak havoc on cancer spending.

The Senate Appropriations Committee completed its work on the appropriatons bill before Congress took its summer recess. The bill was tentatively scheduled to go to the floor this week as Congress reconvened, but had not done so by press time. If the bill clears the Senate this week or next, plenty of time is left for conferees to work out differences with the House, which approved its measure in mid-summer. Those differences, as far as NIH and NCI are concerned, were slight. Unless some unforeseen hangups develop, the compromise bill could clear Congress and be on the President's desk before the end of September. So far, the White House has not made any noises about a veto.

If a bill is not signed by the President before Oct. 1, Congress will have to pass a continuing resolution to fund the affected agencies until a regular money bill has been enacted. A continuing resolution probably would authorize spending at the lower of the House and Senate levels--in NCI's case, nearly identical.

That would be fine if it were not for deficit reduction. The first look at the potential deficit looming for FY 1987, taken by the Congressional Budget Office and the Office of Management & Budget last month, as required by GRH, projected a deficit of $163 billion. That would be $19 billion more than the $144 billion established by GRH as the goal for 1987. It would trigger a 7.6 percent cut across the board cut for all nondefense federal agencies, slash NIH nearly $380 million under the FY 1986 level, and cut NCI about $94 million under 1986. And that level, for NCI, was about $60 million less than Congress had appropriated.

A further $90 million cut would be devastating. NCI made the 1986 reductions by slashing, once again, contracts; by funding many grants, especially center core grants and cooperative groups, at levels less than those approved by peer review; by cuts in the intramural program; and by delaying a number of important new programs. Another reduction of the size projected by CBO and OMB would be more the same, in spades.

CBO and OMB will assess the situation again Oct. 6, taking into account new projections of federal income, with changes in spending updated on the basis of any additional appropriations bills which may have been passed by then. It is possible the picture could improve somewhat, but not likely that soon.

The final projection will occur in February. At that time, the automatic cuts will be imposed. The Supreme Court decision which forbids the General Accounting Office, a congressional agency, from mandating where the cuts will be made, probably will be accomodated by then under new legislation.

Congress could still avoid the across the board cuts, or "sequestration," as they are being called, by making the necessary reductions itself in the remaining appropriations bills still left, which is most of them. That would require some hard choices, which most members would like to avoid making just prior to a crucial election. With control of the Senate hanging in the balance, neither party is going to push for statesmanship at the expense of votes.

Once the election is out of the way, however, the picture could change. A lame duck session possibly could deal more effectively with the budget. If the Democrats win control of the Senate, they might be more inclined to wait until the new Congress convenes in January.

Flexibility Still An Issue

Whether NCI gets the full amount voted by Congress or has to take the worst scenario cuts, it still will be hampered by OMB's micromanagement, unless Congress can force OMB to back off. NCI could deal with the cuts far more effectively if OMB's rules on "apportionment" of funds are rescinded. The committee reports on the appropriations bills have ordered OMB to desist, but those do not have the effect of law.

The bill authored by Sen. Orrin Hatch (R.-UT), ordering OMB to pass appropriated funds directly to NCI rather than lumping them with NIH, would take care of the apportionment issue. It would also clear up a few other problems overlooked in last year's reauthorization act. But with a heavy schedule of major bills and time running out, the Hatch bill has only a slim chance this session.

14th Cancer Congress Big Success; Satellite Established; US-USSR Agree

BUDAPEST--The 14th International Cancer Congress here was a resounding success by almost any measure--attendance, scientific presentations, ambiance and charms of the host country. Many who attended previous quadrennial Congresses sponsored by the International Union Against Cancer ranked this one right up there with the best.

Attendance--Nearly 8,000 registrants, plus thousands more who accompanied them. They attended and/or participated in what was for the most part well organized scientific sessions in the spacious Budapest International Fair Center of HUNG-EXPO. A problem which became apparent immediately on the first day, when 10 sessions scheduled simultaneously in the same large hall separated only by eight foot partitions produced an unintelligable cacaphony of sound, was overcome with some rescheduling and use of individual earphone receivers. The fairgrounds were easily accessible by subway and bus, free to Congress registrants, and by taxi, so cheap that it might as well have been free. The city's array of first class hotels easily accomodated the influx.

Scientific presentations--Karoly Lapis, president of the Congress, and Sandor Eckhardt, secretary-general and chairman of the scientific program committee, put together a massive program of up to 40 symposia, round table and panel discussions a day, plus two plenary sessions and 30-40 poster sessions each day. Presentations on virtually every area of clinical and basic cancer reserch, cancer nursing and cancer control included a mountain of information, most of it apparently up to the minute, and much of it presented for the first time. Although U.S. scientists and clinicians still were by far the largest delegation, the growing numbers and sophistication of other participants was evident.

Ambiance and charms of Hungary--Budapest has been carefully restored from near total devastation in World War II into both a city of old world charm (Buda, on the west side of the Danube), and a modern metropolis (Pest, on the east side). Its citizens are friendly and extremely proud of their status now as the most liberal of the Soviet Bloc nations, with a considerable degree of free enterprise responsible for a standard of living (they say) higher than any of the others, with the possible exception of the heavily industrialized Czechs. They are free to travel to western countries anytime they desire, to emigrate at will, and they do not appear to be under any type of KGB-like surveillance.

And oh, the prices. The most demanding epicure would find it difficult to spend more than $15 for the best dinner at the finest restaurant, in which Budapest is repleat, and first rate meals could be had for much less. Heard frequently during the week: "My turn to buy. You can get the check next week at home." To accumulate more hard currency, Hungary has pegged the dollar much higher than the current international floating rate, which accounted for the spectacular prices.

The organizers planned major social events at the spectacular Parliament and Royal Palace. There were half and full day excursions to various scenic areas of the country, and boat trips on the Danube, and Congress participants and spouses took advantage of them heavily on the Sunday off day.

There were seven satellite meetings before and during the Congress, and two postcongress events. Fifty seven exhibitors displayed their messages in the commercial exhibit hall.

Satellite Telecast--A First

R. Lee Clark, president-emeritus of the Univ. of Texas System Cancer Center and one of the early prime figures in international cancer research collaboration, has for years worked to develop an international satellite communications system for cancer. He is chairman of UICC's Committee on International Collaborative Agencies (CICA). Clark's work finally came to fruition during the Budapest Congress, when four 30 minute programs summarizing the scientific presentations were broadcast.

"New horizons have been reached with this historic first telecast from the Congress, which is being referred to as the Olympics of cancer information," Clark said. "The four programs will distill the essence of many of the scientific advances being presented by scientists from around the world. None of this could have been accomplished without the encouraging support and participation of all CICA committee members."

Clark also expressed "special appreciation" for the assistance of UICC Secretary-General Gerald Murphy, Gyorgy Karpati and Magyar Television of Hungary.

Four U.S. networks scheduled broadcasts

from the satellite programming--Lifetime Medical Network (available to private homes via cable; Hospital Satellite Network (available to about 800 subscribing hospitals); Healthcare Telecommunications Corp. (available to about 650 subscribing hospitals); and UT/TV Network (available to the Univ. of Texas System Cancer Center and area hospitals in Houston).

Murphy praised Clark's efforts. "With great foresight and superb organizational skills, Dr. Clark has achieved a new first for the UICC with production of the TV satellite program. His ability to obtain financial support to develop this innovative means of informing professional and lay individuals aabout cancer prevention, research and patient care is a remarkable achievement."

Transmitting anything over the airways from a Soviet Bloc country is a touchy matter, and Clark said the assistance of Nikolai Blokhin, president of the USSR Medical Academy and longtime international collaborator on cancer research, was invaluable in that regard.

Financial support came from Hoffman-LaRoche, the American Medical Assn., UT System Cancer Center/M.D. Anderson Hospital, and the Mike Hogg Fund of Houston.

US-USSR Agreement

When the Soviet Union sent its army crashing into Afghanistan in 1979, the US-USSR agreement for collaboration on cancer research was abandoned, along with most other cultural and scientific exchanges between the two superpowers. President Ronald Reagan and General Secretary Mikhail Gorbachev agreed at their meeting last year to re-establish the joint agreement on cancer research.

The two countries used the opportunity offered by the Cancer Congress to formally renew the agreement. Blokhin and N.N. Trapeznikov (deputy director of the Moscow Cancer Center) represented the USSR; NIH Director James Wyngaarden, NCI Deputy Director Peter Fischinger and NCI Acting Director of the Office of International Affairs Ihor Masnyk represented the U.S.

In October U.S. scientists will go to Moscow to meet with Soviet colleagues to define areas of cooperative studies, Wyngaarden said at the press conference in Budapest announcing the agreement. Then in December Fischinger will meet with Blokhin in Moscow to finalize the cooperative efforts, he said.

"Today will begin a new era of cooperation between our two countries," Blokhin said. Both Blokhin and Wyngaarden--possibly for the benefit of the international press in attendance--emphasized the agreement would benefit research not just in the two major countries, but other countries as well.

Trapeznikov said he hoped the collaborators would be able to work out new methods of treating patients. "There are many possibilities for clinical trials" to be done simultaneously in the two countries.

The Soviet Union, with its multiplicity of cultures and diets, offers great opportunities for cancer control studies. Masnyk called the USSR "a laboratory of sorts with so many variables, compared to the more monolithic U.S."

Wyngaaarden cited increased smoking in young people and the increased use of smokeless tobacco products as areas of mutual concern between the two countries. "In the U.S. among young people mouth cancer is increasing. I understand it is the same in the USSR."

Blokhin echoed the importance of the fight against smoking.

The short press conference was heavily covered by the Hungarian press. TV cameramen, with their accompanying blinding lights, focused as much on the foreign press in their midst as they did on the speakers.

Next Congress

The 15th International Cancer Congress will be held in Hamburg, West Germany, in August, 1990. The UICC Council selected Hamburg over Delhi, India, and Amsterdam. The decision was made at a Council meeting Aug. 24.

Delhi representatives made a strong, emotional appeal, Council members said, and some were inclined to stay with the unwritten policy of not repeating a Congress on the same continent. However, others were swayed to Hamburg because they felt Germany with its greater numbers of cancer scientists and stronger biomedical research community would be better able to organize and run the Congress, which now requires a massive effort by the host country. Hungary would have not been able to stage the 14th Congress so effectively had it not been for extensive manpower (and substantial monetary) support from other countries, particularly the U.S. In fact, U.S. representatives let it be known the next host country would not be able to count on as much help as they gave Hungary.

Hamburg representatives had done an advance selling job through an exhibit booth they maintained at the Congress, selling anyone who would listen on the beauties of their city and their interest in entertaining them in 1990.

The Unsung Hero

Many Americans contributed heavily in time and effort to make the Congress a success. Foremost among them was Edwin Mirand, Roswell Park Memorial Institute associate director who had already made a major contribution to international cancer research as secretary general of the 13th Cancer Congress in Seattle.

The Budapest organizers learned early on that Mirand, like the famed Hungarian Gabor sisters, finds it nearly impossible to say no. He did everything asked of him, which was plenty. During the past couple of years, he may have spent more time in Budapest than in Buffalo. And when he was in Buffalo, he was usually on the phone to Budapest and to countless other locations around the world, talking Congress business.

It is probably safe to say that without Ed Mirand, there would have been no Cancer Congress in Budapest.

That was going on while Mirand had a few other things on his agenda. His title as secretary treasurer of the Assn. of American Cancer Institutes is misleading. "Ed Mirand is the glue that holds AACI together," John Grupenhoff, who represents AACI in Washington, commented. Grupenhoff gives Mirand a major share of the credit for helping push the biomedical research reauthorization bill, which includes renewal of the National Cancer Act, through Congress last year. Mirand handled much of the communications between the various professional societies and cancer related organizations, keeping them informed of the legislation's progress.

More On CICA

UICC's Committee on International Collaborative Activities had several major activities in addition to its satellite program. Clark and UICC staff officer G.P. Warwick reported on CICA activities, which included:

*Promotion of NCI's International Cancer Research Data Bank around the world, including Cancerline, with its three component data bases, Cancerlit, Cancerproj and Clinprot.

*Preparation and publication of the "International Director of Specialized Cancer Research and Treatment Establishments." Four editions have been prepared.

*Preparation and publication of "Guidelines for Developing a Comprehensive Cancer Center." Two editions have been prepared.

*Development of "The International Cancer Patient DAta Exchange system (ICPDES)."

*Stimulation of the establishment of national and regional organizations of cancer institutes.

*Annual meetings of the members of CICA to coordinate program activities on a worldwide basis.

*Developing guidelines for national cancer programs.

ICPDES may be the most extensive of CICA's activities. The basis of the system which started in 1977 is the collection, storage and dissemination of high quality standardized data on all patients registered in cancer treatment establishments. An internationally agreed minimum data set has been prepared and this is available for use around the world. It represents a common language and is a basis for comparative studies and the development of collaborative clinical studies, the Clark-Warwick report said.

"At present, 14 major cancer institutions in Eastern and Western Europe, the United States and China collaborate in the system. Each provides patient data according to the minimum data set. Data are stored in computer centers housed in Houston and Amsterdam. Almost all participants submit data on computer tape which facilitates data entry and retrieval.

"Data on over 100,000 patients are at present stored in the data bases. . . As the system has matured and adequate followup data have become available, member institutions have increasingly become involved in designing and participating in collaborative clinical studies. Some have been completed and the results published, while others are under way or in the planning stage.

"The computer enables specific patient populations to be identified. Relevant patient charts can thus be readily accessed, providing the basis for condicting retrospective and prospective clinical research studies. Since the system enables access to very large quantitites of standardized data, it is possible to plan and repidly complete collaborative studies, even on rare tumors.

"Each institution supports its own costs for data processing and participation in research projects."

NCI Kansas Farmers Study Finds Higher Risk For Some Lymphomas

An NCI and Univ. of Kansas study published in last week's "Journal of the American Medical Assn." has found that Kansas farmers who used herbicides had a higher risk for developing non-Hodgkin's lymphomas than nonfarmers in the state. The farmers did not, however, have a higher than normal risk for soft tissue sarcomas and Hodgkin's disease, as studies in Sweden had found.

Farmers exposed to the herbicides for more than 20 days each year had six times the risk of developing non-Hodgkin's lymphoma compared to nonfarmers. Among these frequent users, those who mixed or applied the herbicides themselves had eight times the risk. These above normal rates were associated with the use of phenoxy herbicides, especially 2,4-dichlorophenoxyacetic acid (2,4-D). Phenoxy herbicides are frequently used on pastureland and in growing wheat, corn, sorghum and rice.

NCI scientists have conducted a series of nine studies over the past eight years to see if farmers are at increased risk for some cancers.

No Greatly Increased Risk As A Whole

"Taken together, our most recent analytic studies, including a study of Kansas farmers and herbicides exposure, indicate that farmers, as a whole, probably do not experience a greatly increased risk for cancers of the blood and lymph systems," Aaron Blair, chief of NCI's Occupational Studies Section, said. "They do suggest, however, that farmers who work with specific pesticides are at increased risk for some cancers.

"This contrasts somewhat with our earlier studies that showed rather consistently that farmers had about a 20 to 30 percent increased risk for blood and lymph cancers," he said. Conducted in the late 1970s and early 1980s, some of the earlier studies showed that the increased risks for blood and lymph cancers generally corresponded with the introduction of organic chemicals into agriculture after World War II. Those studies consisted of death certificate studies of leukemia among farmers in Nebraska and Wisconsin and of non-Hodgkin's lymphoma and multiple myeloma among farmers in Wisconsin.

Two more recent case control interview studies conducted in the 1980s were designed specifically to get detailed information on chemical exposures. A study of Kansas farmers to evaluate the role of herbicides in risk for non-Hodgkin's lymphoma, Hodgkin's disease and soft tissue sarcoma found that Kansas farmers who used herbicides had a 1.6 fold increased risk for developing non-Hodgkin's lymphoma than nonfarmers in the state. The farmers did not have a higher than normal risk for soft tissue sarcomas or Hodgkin's disease. Farmers exposed to the herbicides for more than 20 days each year had six times the risk of developing non-Hodgkin's lymphoma compared to nonfarmers. Among the frequent users, those who mixed or applied the herbicides themselves had eight times the risk. The above normal risks were associated with the use of phenoxy herbicides, especially 2,4-D. Farmers who began using the herbicides before 1946 had a 1.7 fold increased risk for non-Hodgkin's lymphoma compared to farmers who began using them in the 1950s and 1960s. Use of insecticides did not increase the risk for non-Hodgkin's lymphoma. The study analyzed data on 170 men with non-Hodgkin's lymphoma, 121 men with Hodgkin's disease, and 133 men with soft tissue sarcoma, and compared them with a control group of 948 men.

Preliminary results from another study of the role of all pesticides and other factors in risk for developing leukemia and non-Hodgkin's lymphoma among farmers in Iowa and Minnesota has found no increased risk for non-Hodgkin's lymphoma to be associated with farming. However, analyses by cell type of the cancer suggests that risk for small cell lymphocytic lymphoma may be increased 1.4 fold, particularly among those who used high volumes of pesticides 20 or more years ago. Risk for all types of non-Hodgkin's lymphoma appeared to be elevated among users of certain chlorinated hydrocarbon insecticides.

For leukemia, no excess risk has been associated with raising any specific crop or animal, except for a 1.4 fold excess risk for chronic lymphocytic leukemia associated with corn production. While no excess risk was found for leukemia associated with exposure to major classes of pesticides, more farmers who had leukemia than those who did not had used dichlorvos on animals. Farmers with the cancer had more frequently used some pesticides including DDT, ethoprop, methochlor, and nicotine. The study involved 578 white men diagnosed with leukemia and 622 white men diagnosed with non-Hodgkin's lymphoma between 1980 and 1983. Data on the men were compared with that of a matched control group of 1,245 men who did not have cancers.

RFA AVAILABLE

RFA 86-CA-18
Title: Solid tumor cytogenetics and cancer diagnosis
Application receipt dates: Nov. 17, 1986, and Feb. 16, 1987

A program announcement with the above title was previously released by NCI's Div. of Cancer Biology & Diagnosis. That announcement has been withdrawn and replaced by this RFA because DCBD since was able to set funds aside for support of applications in this research area.

The RFA is intended to encourage and facilitate development of collaborations between cytogeneticists and researchers with expertise in cell culture. DCBD hopes that such joint efforts will result in improved ability to examine the chromosomes in human solid tumors; it then should be possible to increase the data base and gain new insights into the chromosome alternations associated with tumor development and progression.

This RFA is for two competitions, with the deadlines of Nov. 17 and Feb. 16. Approximately $1 million will be set aside to specifically fund applications in response to this RFA ($600,000 for the November round, $450,000 for February). It is anticipated that about seven grants can be funded. The earliest expected starting dates are July 1 and Dec. 1, 1987.

Applicants are encouraged to contact Sheila Taube, PhD, the program director, at DCBD, Diagnosis Branch, NCI, Westwood Bldg Rm 10A15, Bethesda, MD 20892, phone 301-496-1591.

PROGRAM ANNOUNCEMENT

Title: The role of omega-3 polyunsaturated fatty acids in cancer prevention
Application receipt dates: Oct. 1, Feb. 1, June 1

NCI's Div. of Cancer Etiology invites grant applications for basic studies that provide insights on the role of omega-3 polyunsaturated fatty acids it cancer prevention. It has been observed that cancer risk at certain sites (breast, colon, prostate, pancreas, endometrium and ovary) is higher among persons with diets high in fat and low in vegetables, fruits, whole grains and other fiber rich foods. Also, recent studies have suggested that not only the amount of fat but the composition and type of fat may have a significant influence on cancer risk.

Fats containing polyunsaturated fatty acids (PUFA) of the omega-6 family apparently are more favorable to the growth of tumor cells. The PUFA generally consumed are derived from vegetable oils which contain high levels of linoleic acid. Animal experiments have shown that dietary linoleic acid favors the growth of tumor cells, but the mechanisms are not well defined.

It is not feasible to eliminate PUFA completely from the human diet to induce the risk of cancer because these PUFA are needed for normal biochemical functions and the maintenance of normal health. Furthermore, there is widespread advocacy for increased consumption of omega-6 PUFA (vegetable oils) to lower serum cholesterol levels and reduce coronary heart disease.

An ideal source of dietary PUFA would exert beneficial effects on over cornornary heart and neoplastic disease while also suppressing the development of these afflications. The omega-3 PUFA which occur in fish oils, particularly from fisher that live in deep, cold waters, may serve that function. Fish oils extracted from mackerel, bluefish, herring and menhaden, for instance, have low levels of omega-6 fatty acids, but contain high levels of omega-3 PUFA. Epidemiological studies with Greenland Eskimos, Japanese, and Icelanders indicate that populations consuming seafood regularly are less prone to coronary heart diseases, atherosclerosis, hypertension, and some types of cancer, such as breast and colon. However, changes in their food habits to western style diets is correlated with increased mortality rates from such cancers.

The Chemical & Physical Carcinogenes Branch of DCE is issuing this program announcement to encourage basic mechanistic studies on the role of omega-3 polyunsaturated acids in cancer prevention. Among the areas of particular interest are (1) anticarcinogenesis studies in various organ systems, particularly those organ systems in which the type and level of fat have been shown to play a role; (2) determination of whether efficacy obtains during the initiation period by modifying the susceptibility of the host to early events, or whether these fatty acids modulate the carcinogenic response in the post initiation period, or both, and including determination of efficacy over the lifetime of the animal; (3) pharmacokinetic studies on the absorption, distribution, metabolism and excretion of these fatty acids, including such studies performed under the experimental conditions demonstrating cancer prevention; (4) studies on toxicology of the agents, including lifetime administration studies under defined dietary conditions in several species of animals; (5) comparative metabolic studies in human vs. animal systems; (6) in depth studies of mechanisms of action, especially as related to conditions known or demonstrating anticarcinogenic efficacy. It is particularly desired that mechanism studies on anticarcinogenesis be reflective of the current state of the art in molecular and cellular carcinogenesis, experimental pathology, immunology, endocrinology, cocarcinogenesis and tumor promotion. Program projects or consortial arrangements under traditional RO1 grants where collaborating expertise, special facilities and equipment are deemed necessary to approach and carry out these investigations are encouraged.

For further information, contact the program director, Dr. Carl Smith, or CPC Branch chief, Dr. David Longfellow, at NCI, DCE, Landow Bldg Rm 9B-06 (9A-02 for Longfellow), Bethesda, MD 20892. Smith's phone number is 301-496-4141; Longfellow's is 301-496-5471. Applicants are encouraged to notify Smith in a brief letter of their plans and identify other participating investigators.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Blair building room number shown, National Cancer Institute, NIH, Bethesda MD 20892. Proposals may be hand delivered to the Blair building, 8300 Colesville Rd., Silver Spring MD, but the U.S. Postal Service will not deliver there. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-7100656

Title: Solid tumor chromosome analysis of persons at high risk of cancer
Deadline: Approximately Nov. 10

The Environmental Epidemiology Branch of NCI's Div. of Cancer Etiology is seeking a contractor who will support the research study to identify nonrandom chromosome changes that are specific for tumors that comprise genetic syndromes which are under epidemiology study in the Epidemiology & Biostatistics Program. This data may lead to the localization and eventually functional analysis of genes involved in cancer development.

The contractor shall furnish all necessary resources to perform chromosome analysis of human solid tumor cells and lymphocytes, as specified by the project officer. Most of the tumors will be fresh explants of carcinomas of kidney, breast and other sites, sarcomas and mesotheliomas. These resources include all professional and technical services needed to perform the chromosome studies, clerical support to maintain related record files, materials and supplies required to perform the assay, and facilities and equipment to carry out the work.

The contractor shall provide all necessary facilities and equipment to receive and analyze up to 60 solid tumor specimens and 15 lymphocyte specimens per year. In the first year, the freshly excised tumors are likely to be 35 carcinomas of the kidney, breast and other organs; 20 soft tissue and bone sarcomas; and five mesotheliomas; and the ability to karotype these tumors as required. This work requires a team of experienced cytogeneticists and technicians who can carry out the complex steps required to obtain analyzable karotypes.

The contractor shall be responsible for establishing arrangements and procedures to transport tumor specimens from hospitals and clinics within the United States to the laboratory within 24 hours or less after collection. The contractor must be able to receive specimens on weekends, holidays or evenings and to process the tumor while the cells are viable.

The contractor shall be required to provide documentation of steps followed in the conduct of each study to assure adequate monitoring and quality control of work performed.

Contract Specialist: Donna Winters
RCB Blair Bldg Rm 114
301-427-8888

RFP NCI-CM-73701-48

Title: Study of the clinical pharmacokinetics of anticancer drugs
Deadline: Nov. 7

The Cancer Therapy Evaluation Program of NCI's Div. of Cancer Treatment is seeking an organization with the capabilities and facilities to conduct studies of the clinical pharmacokinetics of anticancer drugs. The principal objective of the proposed contract is to perform pharmacokinetic analysis on samples from patients with malignant disease accrued to studies with either single or combinations of new and/or established anticancer agents.

Although these efforts will primarily be aimed at pharmacokinetic analysis of samples from patients accrued to phase 1 studies, phase 2 and phase 3 studies are not precluded. This contract will support only the efforts directed toward the pharmacokinetic analysis of the samples. Patient accrual should be supported through other funding mechanisms.

It is expected that samples from studies of two agents will be evaluated annually. Both the agents to be evaluated and the schedule or schedules to be used will be selected by the project officer in consultation with other senior staff of DCT and with the contractor's principal investigator. DCT will be responsible for providing agents for the study.

This proposed acquisition is a recompetition of an existing contract currently held by Ohio State Univ. The government anticipates that one award will be made. It is anticipated that the resulting contract will be awarded on an incrementally funded basis for a period of 60 months.

Contract Specialist: Thompkins Weaver
RCB Blair Bldg Rm 228
301-427-8737

RFP NIH-ES-86-16

Title: In vitro transformation of oncogene primed cells by genotoxic chemicals
Deadline: Approximately Oct. 15

The National Institute of Environmental Health Sciences is soliciting proposals for in vitro transformation of oncogene primed cells by genotoxic chemicals. This project is to support studies of in vitro transformation induced by genotixic chemicals in cells that are engineered to inappropriately express cellular oncogenes. By specifically activating certain oncogenes that are insufficient to fully transform cells, preneoplastic phenotypes may be created that are more clearly defined and are more experimentally manipulable than any that currently exist in culture. Such target cells would then be further transformed by chemically induced genotoxic events, possibly including the activation of other oncogenes.

The first phase of this project will be to construct and characterize the molecular aspects of the proto-oncogene clone. The proposal should include the rationale for selecting a particular mammalian species strain, the choice of oncogenes, and the battery of recipient cell types (primary and lines) to be utilized. The second phase will be to characterize the phenotype of various recipient cells and select appropriate target cells, controls and appropriate measurement endpoints to evaluate transformation by genotoxic chemicals. These studies should include, but not be limited to, characterization of the cells expressing the cloned proto-oncogene with respect to serum requirement, morphology, anchorage independent growth, immortality, tumorigenicity and stability of these properties. The third phase will be to transform oncogene primed cells and attempt to distinguish among chemicals and oncogenes by their ability to establish an efficient transformation system. Transfection of DNA from transformed cells will be attempted in NIH-3T3 cells and oncogene primed cells.

Contract Specialist: Elizabeth Ford
Contracts Management Office, OAM
NIEHS
PO Box 12874
Research Triangle Park, NC 27709

NCI Contract Awards

Title: Evaluation of high energy electron external beam treatment planning
Contractors: Univ. of Michigan, $517,732; Univ. of Texas/M.D. Anderson, $516,732; Washington Univ., $359,475

Title: Cancer risk in X-ray technologists
Contractor: Univ. of Minnesota, $476,870

Title: Animal morbidity/mortality survey of colleges in veterinary medicine in North America
Contractor: Assn. of Veterinary Medical Data Participants Program Inc., $140,000

Title: Quality control of rodents and tumor cell lines
Contractor: Southern Research Institute, $1,493,248

Title: Synthesis of congeners and prodrugs
Title: Purdue Univ., $729,057

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